

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

Attorney Docket No.

NIAD-213.1

First Inventor or Application Identifier

JACOBSON

Title

METHOD FOR IDENTIFYING REGULATORS OF PROTEIN-ADVANCED GLYCATION END PRODUCT (AGE) FORMATION

Express Mail Label No.

EL649533752US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ \*Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)

2. ☒ Specification  
(preferred arrangement set forth below)

Total Pages

28

- Descriptive title of the invention
- Cross References to Related Applications
- Reference of Microfiche Appendix
- Background of the invention
- Brief Summary of the invention
- Brief Description of the Drawings (if filed)

- Detailed Description

- Claim(s)

- Abstract of the Disclosure

3. ☒ Drawing(s) (35 U.S.C. 113)

Total Sheets

19

4. ☒ Oath or Declaration

Total Pages

3

- a. ☒ Newly executed (original or copy)

- b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 17 completed)

- i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement deleting inventor(s) named in  
the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33  
(b)

5. ☐ Incorporation By Reference (useable if Box 4b is checked)  
The entire disclosure of the prior application, from which a copy of the oath or declaration is  
supplied under Box 4b, is considered to be a part of the disclosure of the accompanying  
application and is hereby incorporated by reference therein.

6. ☐ Microfiche Computer Program (Appendix)

7. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)

- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

8. ☐ Assignment Papers (cover sheet & document(s))

9. ☐ 37 C.F.R. § 3.73(b) Statement (when there is an assignee) ☒ Power of Attorney

10. ☐ English Translation Document (if applicable)

11. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations

12. ☐ Preliminary Amendment

13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)

14. ☐ \*Small Entity Statement(s) (PTO/SB/09-12) ☐ Statement filed in prior  
application, Status is proper and  
desired

15. ☐ Certified Copy of Priority Document(s)

16. ☒ Other: Check For Filing Fee

\* NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY  
FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF  
ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No:

Prior application information:

Examiner:

Group / Art Unit:

## 18. CORRESPONDENCE ADDRESS

- ☐ Customer Number or bar code label

(Insert Customer No. or Attach bar code label here)

or



Correspondence address below

Name

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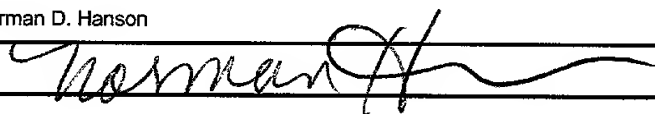
Name (Print/Type)

Norman D. Hanson

Registration No. (Attorney/Agent)

30,946

Signature



Date

April 16, 2001

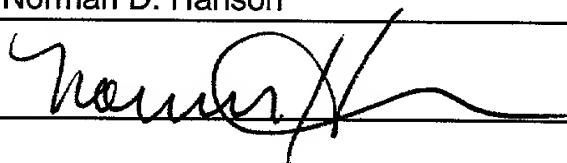
<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	To be assigned
	Filing Date	Herewith
	First Named Inventor	JACOBSON
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket No.	NIAD-213.1

**FEE CALCULATION**

(1)	(2)	(3)	(4)	(5)
FOR: <b>Small entity</b>	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE <b>\$355.00</b>
TOTAL CLAIMS	11 - 20 =	0	x 18/9.00	\$ 0.00
INDEPENDENT CLAIMS	2- 3 =	0	x 78/39.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$260/130.00	_____
			TOTAL FEES	\$355.00

**METHOD OF PAYMENT**

- ☐ Please charge Deposit Account No. 50-0624 in the amount of \$ \_\_\_\_\_
- ☒ A check for \$355.00 is enclosed to cover the cost of the Application filing fee.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

<b>SUBMITTED BY:</b>			<i>Complete (if applicable)</i>
Typed or Printed Name	Norman D. Hanson		Reg. No. 30,946
Signature		Date: April 16, 2001	<b>Deposit Account No. 50-0624</b>